

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
**9/678255**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3	/		/				53						
4	/		/				54						
5		4		4			55						
6		4		4			56						
7		4		4			57						
8		4		4			58						
9		4		4			59						
10		4		4			60						
11		4		4			61						
12		4		4			62						
13		4		4			63						
14		4		4			64						
15		4		4			65						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		4				TOTAL IND.						
TOTAL DEP.	48		48				TOTAL DEP.						
TOTAL CLAIMS	52		52				TOTAL CLAIMS						